



August 19, 2004

To All Potential Proposers:

The Georgia Department of Community Health (DCH), Division of Medical Assistance, is soliciting invitations from qualified entities interested in providing Financial Support Services to Members enrolled in home and community-based waiver programs for Consumer-Directed Services. The expected number of Members to enroll from each waiver program is listed below.

The largest in DCH, the Division of Medical Assistance administers the Medicaid program, which provides health care for people who are aged, blind, disabled or indigent. The Division also administers the PeachCare for Kids children's health insurance program and the Indigent Care Trust Fund. Other Medicaid programs include Georgia Better Health Care, home and community-based services, and non-emergency transportation. The division spends \$3.1 billion to provide services to 1.2 million Georgians annually.

**Independent Care Waiver Program (ICWP)**

Year 1: 40  
Year 2: 100  
Year 3: 100

**Mental Retardation Waiver Program (MRWP)**

Year 1: 40  
Year 2: 80  
Year 3: 120

**Community Care Waiver Program (CCSP)**

Year 1: 0  
Year 2: 25  
Year 3: 50

**Objective:**

Georgia is committed to the continued improvement of home and community-based services. Individuals with developmental/physical disabilities and the aged population and their families are the driving force in changing service delivery to empower consumers to make their own choices and improve their quality of life. The Department of Community Health and Department of Human Resources are proposing to amend their existing waivers to add Consumer-Directed Services.

The objective of Consumer-Directed Services is to offer an option for payment for Medicaid waiver services and to provide the fiscal guidance and support to assist the Member to achieve or maintain his/her independence and desired personal outcomes by honoring the principles of self-determination (freedom, authority, responsibility and support) by obtaining the services of qualified entities who provide efficient, cost-effective, and accessible payroll and tax services as a fiscal employer agent to members.

### **Financial Support Services:**

Financial Support Services is designed to perform fiscal support functions or accounting consultation services for the Member. Financial Support Services also assure that funds to provide services outlined in the individual plan of care that are to be implemented through the consumer-directed approach are managed and distributed as intended.

Financial Support Services will be delivered by entities that are enrolled as Medicaid providers with DCH, and are established as a legally recognized entity in the United States and qualified/registered to do business in the State of Georgia. Entities providing Financial Support Services must maintain such credentials and/or bond as would be generally required of persons providing services or support to individuals in the general public.

The entity providing Financial Support Services that constitute that of a fiscal employer agent according to IRS regulations must apply for and receive approval by the IRS (under IRS Revenue Procedure 70-6) and meet requirements and fulfill functions as established by the IRS, Code, Section 3504.

The entity will: 1) Understand the laws, rules and conditions that accompany the use of public resources. 2) Utilize accounting systems that operate effectively on a large scale as well as track individual budgets. 3) Meet the time lines for payment that meet individual needs within DOL standards. 4) Develop and implement an effective payroll system that addresses all related tax obligations. 5) Generate service management, and statistical information and reports. 6) Develop systems that are flexible in meeting the changing circumstances. 7) Provide needed training and technical assistance to members, their representatives, and others. 8) Act on behalf of the member/or family receiving supports and services for the purpose of payroll reporting. 9) Generate payroll checks in a timely and accurate manner and in compliance with all federal and state regulations pertaining to “domestic service” workers, at a minimum of every two weeks. 10) Conduct background checks as required and maintain results on file. 11) Process all employment records. 12) Develop an electronic or a web-based process for time sheet and expenditure report. 12) Have at least two years of basic accounting and payroll experience and attest to this.

The Member will have flexibility to select a qualified provider of their choosing within the criteria established by the Department. All members who want to enroll in Consumer-Directed Services will be required to use Financial Support Services.

### Qualifications and Responsibilities:

Entities will assure the funds to provide services and supports outlined in the individual plan of care that are to be implemented through a consumer-directed approach are managed and distributed as intended. Entities must also have no other duties that conflict with their role and must be independent of providing direct services. Financial Support Services include:

#### Member-Employed Provider Services:

- Process employment application package and documentation for prospective Member-Employed Providers;
- Complete criminal background checks on prospective Member-Employed Providers and maintain results on file;
- Establish and maintain record for each Member-Employed Provider and process all employment records;
- Withhold, file, and deposit FICA, FUTA, and SUTA taxes in accordance with Federal IRS and DOL, and state rules;
- Process all judgments, garnishments, tax levies or any related holds on a member-employed provider as may be required by local, state or federal laws;
- Generate and distribute IRS W-2's and/or 1099's, wage and tax statements and related documentation annually to all Member-Employed Providers who meet the statutory threshold earnings amounts during the tax year by January 31<sup>st</sup>;
- Withhold, file and deposit federal and state income taxes in accordance with federal IRS and state Department of Revenue Services rules and regulation;
- Administer benefits for Member-Employed Providers for Members;

#### Payroll and Accounting:

- Act on behalf of the Member/or family receiving supports and services for the purpose of payroll reporting;
- Distribute, collect and process all Member-Employed Providers time sheets as summarized on payroll summary sheets completed by the member or his/her representative;
- Prepare Member-Employed Providers payroll checks, every two weeks, sending them to the Member, representative or directly to the Member-Employed Provider according to the Plan;
- Generate payroll checks in a timely and accurate manner, as approved in the Member's individual budget, and in compliance with all federal and state regulations pertaining to "domestic service" workers (as defined by IRS);
- Develop a method of payment of invoices and monitoring expenditures against the individual budget for each Member;
- Receive, review and process all invoices from vendors and/or agencies providing consumer-directed services as approved in the Member's budget authorized by the funding entity;
- Process and pay non-labor related invoices;

- Generate bi-monthly utilization reports, at a minimum, in a declining balance format for Members or their representatives, Case Managers, and DCH;

#### Management:

- Establish and maintain all Member records with confidentiality, accuracy, and appropriate safeguards;
- Respond to calls from Members or their representatives and employees regarding issues such as withholdings and net payments, lost or late checks, reports and other documentation;
- File claims through the MMIS for consumer-directed goods and services using a pre-authorization referral number;
- Provide documentation of sufficient resources to assure uninterrupted services by the member employed provider in the event of MMIS system delays and agree to continue Financial Support Services to the enrolled member for at least 60 days;
- Generate service management and statistical information and reports.

#### Systems Design and Utilization:

- Develop a system to receive and disperse Medicaid funds;
- Utilize an accounting and information system that operates effectively on a large scale to track and report the support funds after expenditures to the funding entity;
- Develop and implement an effective payroll system that addresses all related tax obligations;
- Provide alternative formats to individuals as requested. This includes and is not limited to: TTY, electronic formats, and oral sign as requested;
- Develop a system to adequately handle grievances and complaints;
- Develop and maintain a system to collect and process all employment related records and documents for member-employed providers;
- Establish a customer service mechanism that has a toll-free number and after-hours availability to respond to calls from Members or their representatives and Member-Employed Providers;
- Have an Information Technology Disaster Recovery Plan for restoring software and master files for backup if needed;
- Develop internal controls to assure project integrity;
- Develop a process for refunding over-collected FICA when applicable;
- Verify wages to assure that Member-Employed Providers are paid hourly rates in accordance with the federal and state Department of Labor Fair Labor Standards Act (FLSA);
- Regularly file an accounting audit to ensure system accuracy and compliance with general accounting practices;

### Knowledge, Skills and Abilities:

- Stay current and understand the laws, rules and conditions regarding federal and state taxes, labor and program regulations.
- Establish and maintain bonding and registration with the Georgia Secretary of State;
- Utilize an accounting information system to invoice and receive support funds and track individual budgets;
- Develop and implement an effective payroll system that addresses all related tax obligations and provides timely payments to Member-Employed Providers;
- Have capacity and understanding to broker benefits for Member-Employed Providers (i.e., health insurance, worker's compensation, etc.);
- Generate service management, and statistical information and reports;
- Implement customer service representatives who are able to communicate effectively in English and Spanish by voice and TTY and with people who have a variety of disabilities;
- Develop a policies and procedures manual.

### **HOME AND COMMUNITY-BASED WAIVERS**

Georgia currently has several home and community-based programs. Although different Medicaid waiver programs include different services, they have some things in common. Each program offers several “core services such as: service coordination; personal support services (assistance with daily living activities); home health services (nursing and occupational, physical and speech therapy); emergency response systems; and respite care (caregiver relief). Additional services are available under each program.

**Community Care Services Program (CCSP):** This program provides home and community-based services to people who are functionally impaired or disabled. The program helps eligible recipients remain in their own home, the homes of caregivers, or in other community settings as long as possible. Individuals served through the CCSP must meet the medical and functional criteria for placement in a nursing facility. Some of the additional CCSP services are adult day health, alternative living services (personal care home) and home delivered meals. Members enrolled in Consumer-Directed Services will be allowed to direct their personal support services

**Independent Care Waiver Program (ICWP):** This program offers services to enrolled adult Medicaid members with physical disabilities to live in their own home or in the community instead of a hospital or nursing facility. ICWP services also are available for members with traumatic brain injuries. Members enrolled in Consumer-Directed Services will be allowed to direct their personal support services and respite care.

This program is for eligible Medicaid members who are severely physically disabled, are between the ages of 21 and 64, and meet one of the following criteria:

- ❖ Are medically stable enough to leave the hospital, but cannot do so without the support services available through this program.
- ❖ Will be admitted to a hospital on a long-term basis without the support services available through this program.

- ❖ Will be admitted to a hospital on a long-term basis without the support services available through this program.
- ❖ Are at immediate risk of nursing facility placement.

In addition to the core services, ICWP covers specialized medical equipment and supplies, counseling and home modification. ICWP does not pay for room and board. The member, Case Manager and the member's family and/or friends work together as a planning team to establish a plan of care. The plan describes the member's present circumstances, strengths, needs, the services required, a listing of the providers selected and projected budget.

**Mental Retardation Waiver Program (MRWP):** This program is a home and community-based waiver for people who have been diagnosed with mental retardation or other developmental disabilities such as autism, cerebral palsy or epilepsy that required services similar to those required by people with mental retardation and require the level of care provided in an Intermediate Care Facility for the Mentally Retarded. Seven regional offices of the Georgia Department of Human Resources plan and coordinate service delivery with enrolled Medicaid providers. Members enrolled in Consumer-Directed Services will be allowed to direct their natural support enhancement services.

In addition to core services, MRWP covers day habilitation, day support, supported employment, residential training and supervision, specialized medical equipment and supplies, vehicle adaptations, and home modifications.

### **Information Requested From Respondents:**

DCH would like to know if your company has the capacity to handle the duties and responsibilities for Financial Support Services and the monthly cost of providing this service to enrolled Members who want to direct their care.

Entities will be required to enroll as Medicaid Providers and to serve Members participating in Consumer-Directed Services. The enrolled entities will be responsible for processing time sheets, employee tax withholding, brokering worker's compensation, ensuring timely payment, and providing monthly expenditure reports to the Department, Case Manager and Member; and insuring all federal reporting required for the Members are completed timely.

The responses to the RFI will help the Department to cost out this service to amend its existing waivers and know who is interested in enrolling as Medicaid Providers for Financial Support Services.

### **Special Notification:**

Interested entities should respond in writing by 2:00 p.m. on Wednesday, September 8, 2004. Please send your proposals to the attention of:

Arnita Woodard, Contract Manager  
Georgia Department of Community Health  
2 Peachtree Street NW, 35<sup>th</sup> Floor  
Atlanta, GA 30303  
Email: [awoodard@dch.state.ga.us](mailto:awoodard@dch.state.ga.us)

If you should have any questions, please e-mail them to Arnita Woodard at e-mail address listed above. All questions must be received by Friday, August 27, 2004 at 2:00 p.m. and will be posted to the DCH website at [www.dch.state.ga.us](http://www.dch.state.ga.us), under Request for Proposals, by Wednesday, September 1, 2004, by 5:00 p.m.